

Texas Crime Victim Legal Assistance Network  
Lone Star Legal Aid  
Legal Pre-Referral Screening Form

**Applicant Information:**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

Names used in the past: \_\_\_\_\_ Safe Phone Number: \_\_\_\_\_

Last three numbers of social security number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Legal Problem:**

Please check all that apply for referral:

- Family (divorce, custody, protective order, CPS cases, etc.)
- Housing (landlord-tenant, home repairs, home ownership, property tax, foreclosure, etc.)
- Immigration (VAWA petitions, U-Visa, T-Visa, asylum, adjustment of status, etc.)
- Consumer (bankruptcy, debt collection, contract claims, credit reporting, payday loans, ID Theft or other fraud, etc.)
- Employment (job termination, wage claims, unemployment benefits, etc.)
- Health (Medicaid, Medicare, county based healthcare, nursing home, home health, etc.)
- Public Benefits (social security claims, food stamps, TANF, or other public benefit including crime victim compensation, etc.)
- Tax (Internal Revenue Service)
- Education (special education needs, discipline, truancy, etc.)
- Advance Directives (wills, power of attorney, medical power of attorney, etc.)
- Other \_\_\_\_\_  
(Examples include legal issues related to any type of crime victimization)

**Opposing Party Information:**

Name: \_\_\_\_\_  
First Middle Last

Names used in the past: \_\_\_\_\_

Last three numbers of social security number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_